

***** RETURN THIS PAYMENT FORM WITH THE \$35.00 FEE TO THE ADDRESS BELOW BY 13 OCT 2003: *****
(2003 BCOC/Cadet NCOS, MN Wing CAP P.O. Box 11230 St. Paul, MN 55111-0230)

2003 CADET NCOS AND BCOC PAYMENT FORM

FILL IN THE FOLLOWING PAGES AS ACCURATELY AND COMPLETELY AS POSSIBLE. PLEASE TYPE OR PRINT NEATLY. IF FORMS ARE NOT LEGIBLE THEN YOU MAY NOT BE
SELECTED TO ATTEND THE 2003 Cadet NCO School or Basic Cadet officer Course

NAME (Last Name, First Name, Middle Initial)			GRADE	For Staff Use Only:
SSN	CAPID	UNIT CHARTER NUMBER	SCHOOL (NCOS, BCOC or Cadre)	
MAILING ADDRESS (Number and Street)				
(City)		(State)	(Zip Code)	

RELEASE AGREEMENT

KNOW ALL MEN BY THESE PRESENTS that I am submitting my application for the Minnesota Wing 2003 Cadet NCO School & Basic Cadet Officer Course, and I hereby volunteer entirely upon my own initiative, risk, and responsibility for an assignment to participate in this activity and with full knowledge that such activity may include:

1. Traveling by land, sea, or air in US military, commercial, or privately owned vehicles from regular place or residence to the site of the activity, travel incident to the activity, and subsequent return to place of residence.
2. Participation in aeronautical activities as a passenger or student trainee in US military, commercial, or privately owned aircraft.
3. Being quartered and/or subsisting away from regular or normal place of residence for an extended period of time.
4. Remaining with the cadet group I am assigned to at all times during the activity.
5. Refraining from argumentative discussions concerning governmental policies.

In consideration of the permission extended to me by the Civil Air Patrol/United States of America through its officers and agents to participate in said activity or activities, I do hereby for myself, my heirs, executors, and administrators release and forever discharge the Civil Air Patrol, Inc./United States of America, and all its officers, agents, and employees acting official or otherwise, from any and all claims, demands, actions, or causes of action, on account of my death or on account of any injury to me or my property which may occur as a result of the negligence of the Civil Air Patrol/United States of America, its agents or employees during said activity or continuances thereof, as well as all ground and flight operations incident thereto.

APPLICANT'S SIGNATURE

DATE

RELEASE BY PARENTS OR GUARDIAN

KNOW ALL MEN BY THESE PRESENTS: WHEREBY my child has applied for the activity referred to above, In consideration of the permission extended to my child by the Civil Air Patrol/United States of America through its officers and agents to participate in said activity, I do hereby for myself, my heirs, executors, and administrators release and forever discharge the Civil Air Patrol, Inc./United States of America, and all its officers, agents and employees acting official or otherwise, from any and all claims, demands, actions or causes of action, on account of the death or on account of any injury to my child which may occur as a result of the negligence of the Civil Air Patrol/United States of America, its agents or employees during said activity or activities or continuances thereof, as well as all ground and flight operations incident thereto. In addition, by my signature below, I certify the applicant:

1. Is my minor child or ward.
2. Has no history or injury or disease which might be affected by this activity except those previously noted in the Medical Information section of this form.
3. Will follow all rules, regulations, and directives as established by the Civil Air Patrol, Inc., or activity commander, or other staff members. If not following the above mentioned rules, regulations, and directives he/she may be sent home at the discretion of the project officer, or activity commander at my expense.

However, in case of injury, disease or other illness, permission is hereby granted to treat the applicant as required, and if the applicant is released from the activity before recovery from said injury, disease, or illness, further treatment will be provided by myself.

DATE

WITNESS FOR FATHER'S SIGNATURE

FATHER OR LEGAL GUARDIAN

DATE

WITNESS FOR MOTHER'S SIGNATURE

MOTHER OR LEGAL GUARDIAN

SQUADRON CERTIFICATION

I certify that the above information is correct and that all requirements for attendance, will be completed by the required dates. If you are not a MN Wing Cadet this form must be counter signed by your Wing Commander or Director of Cadet Programs.

SQUADRON COMMANDER OR DEPUTY COMMANDER FOR CADETS

WING COMMANDER OR WING DIRECTOR OF CADET PROGRAMS
(For Non-MN wing Cadets Only)

SENIOR MEMBER ASSIGNED TO

Quarters: _____

Duty: _____

CADET ASSIGNED TO

Seminar: _____

Bay: _____ Bed Number: ____

APPLICATION CHECKLIST

- ☐ ONLINE APPLICATION RECEIVED AND IN GOOD ORDER
- ☐ REQUIRED SIGNATURES HAVE BEEN OBTAINED
- ☐ CHECK(S) OR MONEY ORDER(S) IS(ARE) ATTACHED IF REQUIRED IN THE CORRECT AMOUNTS

Date Application Received @ Wing HQ

Application #

Acceptance Letter

MSA

PL